

1.0	PHA Information PHA Name: <u>Battle Creek Housing Commission</u> PHA Code: <u>MI 035</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>320</u> Number of HCV units: <u>690</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Battle Creek Housing Commission is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> 1. Increase the availability of decent, safe, and affordable housing <ul style="list-style-type: none"> Increased public housing occupancy rate average 1.35% over previous 5 years Increased Housing Choice Vouchers by 275 through conversions and addition of VASH program Utilized CFP and ARRA funds to renovate and modernize public housing units 2. Improve community quality of life and economic vitality <ul style="list-style-type: none"> Enhanced security measures at Cherry Hill Manor Renovated 1st floor common areas at Kellogg Manor, removing trash compactor from building 3. Promote self-sufficiency and asset development of families and individuals <ul style="list-style-type: none"> Implemented zero income family counseling Contract with agency to provide Senior Center meals and activities for Cherry Hill Manor Contract with agency to provide Head Start program at Parkway Manor Expanded office space of Head Start program at family site 4. Ensure equal opportunity in housing <ul style="list-style-type: none"> Staff involvement with Homeless Coalition, Latino/Hispanic Community Project Staff training in fair housing 																										
6.0	PHA Plan Update <ol style="list-style-type: none"> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ol style="list-style-type: none"> 1. Pet Policy 2. Credit Card Use Policy 3. Procurement Policy (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <ol style="list-style-type: none"> 1. BCHC Administrative Office, 250 Champion Street, Battle Creek, MI 2. Cherry Hill Manor Computer Lab, 10 Clay Street, Battle Creek, MI 3. Parkway Manor Computer Lab, 180 Truth Drive, Battle Creek, MI 																										

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>HOMEOWNERSHIP PROGRAM: The BCHC will continue to administer a Turnkey III Homeownership Program. To date, the BCHC has built 201 units of Scattered Site housing (MI035-04, MI035-07, MI035-08, MI035-09, MI035-10); 139 leaseholders have exercised their option to purchase their home.</p>																																																																								
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																																																																								
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8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ATTACHMENT I</p>																																																																								
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																																																																								
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The housing needs of families in the Battle Creek jurisdiction were assessed based on information contained in the City of Battle Creek Consolidated Plan FY 2009-2014 and the Comprehensive Housing Affordability Strategy (CHAS) Databook for Michigan provided by the U.S. Department of HUD. These resources were utilized to complete the table below, "Housing Needs of Renter Families in the Jurisdiction by Family Type."</p> <p>The ratings for the following factors shown in the table are on a 1 to 5 scale; 1 signifies "no impact" and 5 signifies "severe impact."</p> <ul style="list-style-type: none"> Affordability: problems with rent burden (rent comprising greater than 30% of income) and/or severe rent burden (rent comprising greater than 50% of income) Supply: Ranking based on vacancy rates. Vacancy rates indicate a stable market. Quality: Ranking based on physical quality and age of structures. Older structures and housing code violations are heavily concentrated within the central portion of the City, where low- and moderate-income households are also concentrated. Accessibility: lack of units that are accessible to persons with disabilities. Size: Ranking based on overcrowding rates. Location: extent to which the supply of units available limits housing choices for families to particular locations, notably areas of poverty/minority concentration. Senior citizens: The City of Battle Creek Consolidated Plan identifies permanent supportive housing as the priority for this population. <table border="1" data-bbox="237 1255 1498 1558"> <thead> <tr> <th colspan="8">Housing Needs of Renter Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income ≤ 30% of AMI</td> <td>1994</td> <td>5</td> <td>5</td> <td>5</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>Income > 30% of AMI but ≤ 50% of AMI</td> <td>1435</td> <td>5</td> <td>5</td> <td>5</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>Income > 50% of AMI but < 80% of AMI</td> <td>1572</td> <td>4</td> <td>4</td> <td>4</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>Senior Citizens</td> <td>1306</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>4</td> </tr> <tr> <td>Households with a Disabled Member</td> <td>1646</td> <td>5</td> <td>5</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>African American</td> <td>1744</td> <td>5</td> <td>5</td> <td>5</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>Hispanic</td> <td>308</td> <td>5</td> <td>5</td> <td>5</td> <td>3</td> <td>3</td> <td>2</td> </tr> </tbody> </table>	Housing Needs of Renter Families in the Jurisdiction by Family Type								Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location	Income ≤ 30% of AMI	1994	5	5	5	3	3	2	Income > 30% of AMI but ≤ 50% of AMI	1435	5	5	5	3	3	2	Income > 50% of AMI but < 80% of AMI	1572	4	4	4	3	3	2	Senior Citizens	1306	5	5	4	3	2	4	Households with a Disabled Member	1646	5	5	4	4	4	4	African American	1744	5	5	5	3	3	2	Hispanic	308	5	5	5	3	3	2
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<p>9.1</p>	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The BCHC will employ the following strategies to address the housing needs of Battle Creek families:</p> <ol style="list-style-type: none"> 1. Maximize the number of affordable units available by : employing effective maintenance and management policies to minimize the number of units off line; reducing turnover time for vacated public housing units; reducing the time needed to renovate public housing units; maintaining or increasing Section 8 lease-up 2. Increase the number of affordable housing units by: applying for additional Section 8 units should they become available; and pursuing housing resources other than public housing or Section tenant-based assistance. 3. Target available assistance to families at or below 30% of AMI by employing rent policies that support and encourage work. 4. Target available assistance to families at or below 50% of AMI by employing admissions preferences aimed at families that are working and by employing rent policies that support and encourage work. 5. Target available assistance to the elderly by continuing to develop resident services for the elderly and by outreach to community partners that serve the low-income elderly. 6. Target available assistance to the disabled by: applying for special-purpose vouchers targeted to families with disabilities, should vouchers become available; affirmatively marketing to local nonprofit agencies that assist families with disabilities; and developing resident services for the disabled. 7. Conduct activities to affirmatively further fair housing by: counseling Section 8 tenants re the location of units outside of areas of poverty or minority concentration and helping them locate to those units; and marketing the Section 8 program to property owners outside of areas of poverty/minority concentrations.
<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Battle Creek Housing Commission continues to make progress toward accomplishing its stated mission of providing housing assistance and affordable housing opportunities to lower income families, disabled and senior citizens in a manner that is fiscally sound and in a way that supports families, neighborhoods and economic self-sufficiency.</p> <p>Some of the accomplishments of the past year include</p> <ul style="list-style-type: none"> • Leased up first 35 VASH vouchers. Obtained additional 35 vouchers for a total of 70 • Completed substantial renovation of Kellogg Manor common areas, utilizing capital fund program. • Accepted 30 Enhanced Vouchers in Glenwood Trace Apartments conversion <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Battle Creek Housing Commission’s Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list; • Additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>The Battle Creek Housing Commission’s Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list; • Additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 4577-0226
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) (Individual, as its Chairman or other authorized PHA official if there is no Board of Commissioners), I approve the submission of the X 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 10/01/2010 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with (if applicable) a comprehensive housing affordability strategy (or any alternative pricing such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that, there has been no change, significant or otherwise, in the Capital Fund Program (and Capital Fund Program/Redevelopment Housing Factor) Annual Statement(s), since submission of the last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, provided a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these activities and actions.
8. For PHA Plans that include a policy for site-based waiting lists:
 - The PHA regularly submits required data to HUD's 50655 PICTMS Module in an accurate, up-to-date and timely manner (as specified in PHH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites, race and ethnicity of the person of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with a Title VI policy for furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the provisions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968 to employ new Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 45 CFR Part 21 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.103(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related auditions in accordance with 24 CFR Part 58 or Part 30, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD established wage rate requirements under Section 3 of the United States Housing Act of 1952 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 58.53 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements in OMB Circular No. A-87 (Case Principles for State, Local and Indian Tribal Governments), 2 CFR Part 235, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federal Agency and Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are allowable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body) and
 - (iii) The revised policies and programs are available for review and inspection at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

BATTLE CREEK HOUSING COMMISSION

MI-035

PHA Name

PHA Number/ILA Code

<input checked="" type="checkbox"/>	10	11
X	10	11

5-Year PHA Plan for Fiscal Years 20 - 20

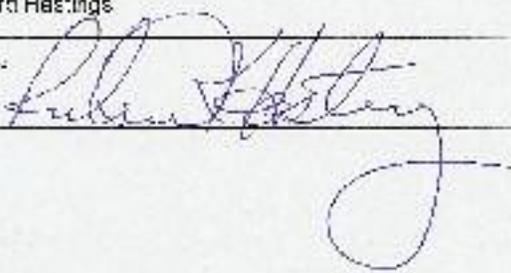
Annual PHA Plan for Fiscal Years 20 - 20

Form HUD-50077 (10-08) is a U.S. Government work. It is in the public domain in the United States of America. It is also in the public domain in other countries. For more information, contact the U.S. Government Printing Office, Washington, DC 20540-6048, (202) 512-2200, or visit the U.S. Government Printing Office website at <http://www.gpo.gov>.

Name of Authorized Officer

Richard Hastings

Signature



Job

President

Date

7/13/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name:

BATTLE CREEK HOUSING COMMISSION

Program/Activity Receiving Federal Grant Funding:

CAPITAL FUND PROGRAM

As Acting an Official of the above-named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above-named Applicant will, or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant to give a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including pertinent files, to every grant officer or other designee whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 90 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to maintain a drug-free workplace through implementation of paragraphs a. thru f.

3. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Check box if there are workplaces on file that are not certified on the attached sheets

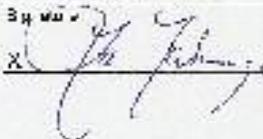
I hereby certify that all the information stated herein, as well as any information provided in the accompanying financials, is true and accurate.
Warning: HUD will prosecute false claims (statute, 18 U.S.C. 8772). Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1027, 34 U.S.C. 8720, 8802)

Name of Authorized Official:

Lee Talmage

Title:

Executive Director

By: 

Date:

July 13, 2010

Form HUD-50070 (2/88)
et. Handbooks 747.1, 747.15, 7485.1 & 6

ATTACHMENT C

**Certification of Payments
to Influence Federal Transactions**

 U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name:

BATTLE CREEK HOUSING COMMISSION

Program Activity Receiving Federal Grant/Loan(s):

CAPITAL FUND PROGRAM

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, or any person for influencing or attempting to influence an official or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an official or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LDD, Disclosure Form on Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all times (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the attachments herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Persecution may result in civil and/or criminal penalties.

26 U.S.C. 1001, 1002, 1012 21 U.S.C. 8828, 8902

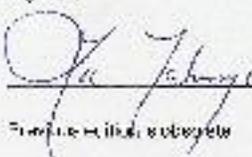
Name (Last, First, Middle Initial):

Lee Talmage

Title:

Executive Director

Signature:



 Printed name (Last, First, Middle Initial)

Date (mm/dd/yyyy):

07/13/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OVB
L279-0340

Complete this form to disclose lobbying activities pursuant to 51 U.S.C. 1352

(See reverse for public bureau disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Battle Creek Housing Commission 250 Champion Street Battle Creek, MI 49837 Congressional District, if known: 4th MI District	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of HUD	7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable:	
8. Federal Action Number, if known: M23F03E501 10	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (Last name, first name, MI):	
11. <small>This form is required to be filed with the Secretary of the U.S. House of Representatives and the U.S. Senate. This disclosure is required for all covered entities. If you are a covered entity, you must file this form with the Secretary of the U.S. House of Representatives and the U.S. Senate. This disclosure is required pursuant to 51 U.S.C. 1352. The information will be available for public inspection. No person shall be held liable for the filing of a false or misleading statement or omission on this form. See 51 U.S.C. 1352 for more information.</small>	Signature: <u>[Signature]</u> Print Name: <u>Lee Talridge</u> Title: <u>Executive Director</u> Telephone No.: <u>(269) 965-0591</u> Date: <u>7/13/2000</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form 278 (Rev. 7-97)	

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Form LB-604
01/2007

Reporting to: Battle Creek Housing Commission Page 1 of 1

All lobbying activities are shown on Form LB-100. There are no additional activities to report.

ATTACHMENT F

RESIDENT ADVISORY BOARD COMMENTS

Battle Creek Housing Commission Resident Advisory Board (RAB) members made several comments related to the 2010 Annual Agency Plan and the 2010-2014 5-Year Agency Plan during the RAB meetings held on February 18, 2010 and March 4, 2010 at the Battle Creek Housing Commission administrative offices.

Executive Director Lee Talmage reviewed work that is currently being done and currently planned through 2013. Maintenance Supervisor Lee West provided a list of work items to be considered from the recent CNA.

Resident from Cherry Hill Manor, Lynette Milburn, expressed appreciation for the work done recently and requested that new chairs be purchased for the Community Room.

Many residents had asked their representatives to mention the need for new television antennas at Cherry Hill Manor and Kellogg Manor. These items have already been included in CFP planning.

Resident from Kellogg Manor, John Alfred, inquired into the possibility of replacing bath tubs with walk in showers. Comment also made that it would be nice to have window blinds and/or curtains provided because there are so many windows in each apartment.

ATTACHMENT G

CHALLENGED ELEMENTS

There have been no challenges to the elements of the Battle Creek Housing Commission's PHA Plan.

Part I: Summary		
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P035501-07 Replacement Housing Factor Grant No: Date of CFFP: 2007	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 4)
 Performance and Evaluation Report for Period Ending: May 31, 2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	0	33,671.29	33,671.29	
3	1408 Management Improvements	96,025	101,025	101,025	101,025
4	1410 Administration (may not exceed 10% of line 21)	49,431	49,431	49,431	49,431
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	56,500	47,737.58	47,737.58	47,737.58
8	1440 Site Acquisition				
9	1450 Site Improvement	23,647	51,625	51,625	51,625
10	1460 Dwelling Structures	209,267	0		0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	40,441	172,533.51	172,533.51	172,533.51
13	1475 Non-dwelling Equipment	19,000	43,672.62	43,672.62	43,672.62
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Battle Creek Husing Commission	Grant Type and Number Capital Fund Program Grant No: MI33P035501-07 Replacement Housing Factor Grant No: Date of CFFP: 2007	FFY of Grant:2007 FFY of Grant Approval: 2007			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	494,311	499,696	499,696	466,024.71
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P035501-07 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Management Improvements	A. PHDEP	1408	100%	84,000	101,025	101,025	101,025	Complete
	B. Advertising	1408	50%	7,025	0	0	0	
	C. Consulting for CFP & Annual Plan	1408	100%	5,000	0	0	0	
	Sub Total			96,025	101,025	101,025	101,025	Complete
HA Wide Administration Cost	Partial Salary & benefits of staff involved with Capital Fund	1410	10%	49,431	49,431	49,431	49,431	Complete
	Sub Total			49,431	49,431	49,431	49,431	Complete
HA Wide Fees and Cost	A/E Services	1430	100%	56,500	47,737.58	47,737.5	47,737.5	Complete
	Sub Total			56,500	47,737.5	47,737.5	47,737.5	Complete
MI 35-2 Parkway Manor	A. Install basketball courts	1450	2	23,647	39,355	28,267.90	28,267.90	Complete
	B. Replace windows in office	1470	100%	18,500	15,000	6,432.03	6,432.03	Complete
	C. Upgrade playground	1450		0	34,000	17,432.10	17,432.10	Complete
	Sub Total			42,147	88,355	52,132.03	52,132.03	Complete
MI 35-3 Cherry Hill Manor	A. Upgrade elevators	1460	2 cars	209,267	0	0	0	
	B. Elevator Needs Assessment	1460	2 cars	0	0	0	0	
	Sub Total			209,267	0	0	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P035501-07 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
MI 35-3 Kellogg Manor	A. Add electrical service in gazebo	1470	1 Sys	4,941	0	0	0	
	B. Replace hallway drapery	1470	100%	17,000	0	0	0	
	C. Replace laundry room appliances	1475	14 Pair	19,000	0	0	0	
	D. Replace site lighting	1450		0	5,925	5,925	5,925	Complete
	E. Renovate mailboxes/ lobby	1470		0	146,959.41	146,959.41	146,959.41	Complete
	F. Art & Accessories	1475		0	43,672.62	43,672.62	43,672.62	Complete
	G. Refurbish public restrooms	1470	2	0	19,142.07	19,142.07	19,142.07	Complete
	Sub Total			40,941	215,699.10	215,699.10	215,699.10	Complete
HA Wide Operations	Operations	1406		0	33,671.29	33,671.29		
	Grand Total			494,311	499,696	499,696	466,024.71	93%

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Battle Creek Housing Commission				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09		9/12/11		
MI 35-2 Parkway Manor	9/12/09		9/12/11		
MI 35-3 Cherry Hill Manor	9/12/09		9/12/11		
MI 35-5 Kellogg Manor	9/12/09		9/12/11		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary		
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-08 Replacement Housing Factor Grant No: Date of CFFP: 2008	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: May 31, 2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	96,025	85,000	85,000	81,606.42
4	1410 Administration (may not exceed 10% of line 21)	48,741	48,741	48,741	48,741
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000	45,000	45,000	43,374.81
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000	0		
10	1460 Dwelling Structures	287,647	308,672	308,672	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-08 Replacement Housing Factor Grant No: Date of CFFP: 2008	FFY of Grant:2008 FFY of Grant Approval: 2008			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	487,413	487,413	487,413	173,722.23
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33PO35501-08 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Management Improvements	A. PHDEP	1408	100%	84,000	84,000	84,000	81,377.82	97%
	B. Advertising	1408	50%	7,025	1,000	1,000	228.60	23%
	C. Consulting for CFP & Annual Plan	1408	100%	5,000	0			
	Sub Total			96,025	85,000	85,000	81,606.42	96%
HA Wide Administration Cost	Partial Salary & benefits of staff involved with Capital Fund	1410	10%	48,741	48,741	48,741	48,741	Complete
	Sub Total			48,741	48,741	48,741	48,741	Complete
HA Wide Fees and Cost	A/E Services	1430	100%	45,000	45,000	45,000	43,374.81	96%
	Sub Total			45,000	45,000	45,000	43,374.81	Complete
MI 35-2 Parkway Manor	Renovate basketball court	1450	1 court	10,000	0			
	Sub Total			10,000	0			
MI 35-3 Cherry Hill Manor	A. Install security cameras	1460	100%	96,000	0			
	B. Remodel elevators	1460	2 cars	106,647	0			
	Sub Total			202,647	0			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Battle Creek Housing Commission				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/13/10		06/13/12		
MI 35-5 Kellogg Manor	06/13/10		06/13/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary		
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 ARRA Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: May 31, 2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	61,696		61,696	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	555,272		555,272	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 ARRA Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	616,968		616,968	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 ARRA CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Administration Cost	Partial salary & benefits of staff involved with Capital Fund	1410	10%	61,696		61,696	0	
	Sub Total			61,696				
MI 35-1 Northside Homes	Replace roofs, porches	1460	16 units	150,272		150,272	10,350	7%
	Sub Total			150,272		150,272	10,350	
MI 35-2 Parkway Manor	A. Replace roofs	1460	24 buildings	90,000		90,000		
	B. Electrical upgrade	1460	24 buildings	135,000		135,000		
	Sub Total			225,000		225,000		
MI 35-5 Kellogg Manor	Tuck Point/Seal Exterior	1460	1 building	180,000		180,000		
	Sub Total			180,000		180,000		
	GRAND TOTAL			616,968		616,968	10,350	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Battle Creek Housing Commission				Federal FFY of Grant: 2009 ARRA	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/2009		3/17/2011		
MI 35-1 Northside Homes	3/17/2009		3/17/2011		
MI 35-2 Parkway Manor	3/17/2009		3/17/2011		
MI 35-5 Kellogg Manor	3/17/2009		3/17/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary		
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)
	<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	96,025	85,000	85,000	0
4	1410 Administration (may not exceed 10% of line 21)	48,741	55,434	55,434	36,956
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000	45,000	45,000	18,219.81
8	1440 Site Acquisition				
9	1450 Site Improvement	0	100,000	0	0
10	1460 Dwelling Structures	297,647	357,880	196,328	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	487,413	554,339	381,762	55,175.81
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33PO35501-09 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Management Improvements	A. Drug Elimination Program	1408	100%	84,000	84,000	84,000	0	0%
	B. Advertising	1408	50%	7,025	1,000	1,000	0	0%
	C. Consulting for CFP & Annual Plan	1408	100%	5,000	0			
	Sub Total			96,025	85,000	85,000	0	0%
HA Wide Administration Cost	Partial salary & benefits of staff involved with Capital Fund	1410	10%	48,741	55,434	55,434	36,956	67%
	Sub Total			48,741	55,434	55,434	32,336.50	58%
HA Wide Fees & Cost	A/E Services	1430	100%	45,000	45,000	45,000	18,219.81	40%
	Sub Total			45,000	45,000	45,000	18,219.81	40%
MI 35-3 Cherry Hill Manor	A. Remodel elevators	1460	2 cars	297,647	0			
	B. Renovate public restrooms	1460	2 restrooms	0	30,000	0	0	0%
	C. Repair parking lot	1450		0	50,000	0	0	0%
	Sub Total			297,647	80,000	0	0	0%
MI 35-5 Kellogg Manor	A. Remodel elevators	1460	2 cars	0	196,350	196,328	0	0%
	B. Renovate laundry	1460		0	42,555	0	0	0%
	C. Repair parking lot	1450		0	50,000	0	0	0%

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Battle Creek Housing Commission				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/14/11		9/14/13		
MI 35-3 Cherry Hill Manor	9/14/11		9/14/13		
MI 35-5 Kellogg Manor	9/14/11		9/14/13		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-10 Replacement Housing Factor Grant No: Date of CFFP: 2010
FFY of Grant: 2010 FFY of Grant Approval: 2010	

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	85,000			
4	1410 Administration (may not exceed 10% of line 21)	48,144			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	303,299			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Battle Creek Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI33PO35501-10 Replacement Housing Factor Grant No: Date of CFFP: 2010	FFY of Grant:2010 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	481,443			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Battle Creek Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33PO35501-10 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide Management Improvements	A. PHDEP	1408	100%	84,000				
	B. Advertising	1408	50%	1,000				
	Sub Total			85,000				
HA Wide Administration Cost	Partial Salary & benefits of staff involved with Capital Fund	1410	10%	48,144				
	Sub Total			48,144				
HA Wide Fees and Cost	A/E Services	1430	100%	45,000				
	Sub Total			45,000				
MI 35-3 Cherry Hill Manor	Renovate elevators	1460	2 cars	303,299				
	Sub Total			303,299				
	GRAND TOTAL			481,443				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Battle Creek Housing Commission				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	7/14/12		7/14/14		
MI 35-5 Kellogg Manor	7/14/12		7/14/14		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement of Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

C.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2530-0225
 Expires 4/30/2011

Part I: Summary		City of Grantville City of Grant Approval 2007	
WIS Name:	Grant Type and Number		
Hedge Creek	Capital Fund Program Grant No. M13W255.107		
Funding	Reallocation Housing Factor Grant No.		
Commission	Date: 1/22/2007		
Type of Grant			
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: May 31, 2010		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary for Description Amount	Total Estimated Cost	Local Actual Cost
		Original	Unbudgeted
12a	100% Utilization of Debt Service Subv. - PHA		
12b	300% Utilization of Debt Service Subv. via System of Direct Payments		
13	1500 Grant for emergency financial assistance		
21	Amount of Annual Grant - Homeless (Line 2 - 9)	499,696	499,696
22	Amount of m. 21 Debt - for Day Activities	494,211	466,024.71
23	Amount of m. 21 Debt - for Support of Activities		
24	Amount of m. 21 Debt - for Support of Self Care		
25	Amount of m. 21 Debt - for Support of Housing Medians		
Signature of Executive Director <i>[Signature]</i>		Signature of Public Housing Director	
Date <i>07/13/2010</i>		Date	

This report is to be completed by the Performance and Evaluation Report.
 It will be submitted to the Public Housing Director for review and approval.
 The total amount of 2007 funding is \$1,000,000.00. The total amount of 2008 funding is \$1,000,000.00.
 The total amount of 2009 funding is \$1,000,000.00.

Annual Statement of Income and Expenditure Report
 Capital Fund Program, Capital Fund Program Replaced Housing Factor and
 Capital Fund Lending Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OIAH, A.C. 257-4226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010		FFY of Grant Approval: 2008	
OIA Name: Route Code: Housing Commission		Grant Type and Number: Capital Fund Program Grant No. MUSH91591.06 Replaces the Housing Factor Grant No. Date of CFPS: 2008		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Reserve for Unassigned Encumbrances		Total Estimated Cost	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: July 31, 2010 Summary by Development Account		<input type="checkbox"/> Reserve for Unassigned Encumbrances		Total Annual Cost Original Revised Budgeted	
Line	Description	Original	Revised	Budgeted	Total Annual Cost
14a	100. Utilization of Debt Service (only by PHA)				
14b	900. Utilization of Debt Service paid via System of Direct Payment				
15	150. Capital expenses (only by PHA)				
20	Amount of Annual Contract (lines 2 - 29)	487,413	487,413	487,413	173,792.23
21	Amount of net Debt (including LDC activities)				
22	Amount of net Debt (including SWPCA activities)				
23	Amount of net Debt (including Security - Self Care)				
24	Amount of net Debt (including Security - Fund Care)				
25	Amount of net Debt (including Income Measures)				
Signature of Executive Director		Date		Signature of Public Housing Director	
		07/13/2010			

This report is to be completed by the PHA. It should be completed by the PHA on a quarterly basis. It should be completed by the PHA on a quarterly basis. It should be completed by the PHA on a quarterly basis. It should be completed by the PHA on a quarterly basis.

Annual Statement of Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Component
 Capital Fund Financing Program

D.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 6/30/2011

Part I: Summary		PRY's Grant: 2010 U.S. Dept. Approval:	
Grant Title and Number Capital Fund Program - Grant No. 61224085501-01 Replacement Housing, Fiscal Year: 10 Part of: CTRP			
Types of Grant <input type="checkbox"/> Original Amount Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending Day 31, 2010		<input checked="" type="checkbox"/> Revised Annual Statement in Section 2 <input type="checkbox"/> Final Performance and Evaluation Report	
Submitted by Development Account		Total Obligated Cost	
		Original	Unobligated
29	1561 Capitalization Debt, Not Insured by the FHA		
30	5891, 6000, 6001, 6002, 6003, 6004, 6005, 6006, 6007, 6008, 6009, 6010, 6011, 6012, 6013, 6014, 6015, 6016, 6017, 6018, 6019, 6020, 6021, 6022, 6023, 6024, 6025, 6026, 6027, 6028, 6029, 6030, 6031, 6032, 6033, 6034, 6035, 6036, 6037, 6038, 6039, 6040, 6041, 6042, 6043, 6044, 6045, 6046, 6047, 6048, 6049, 6050, 6051, 6052, 6053, 6054, 6055, 6056, 6057, 6058, 6059, 6060, 6061, 6062, 6063, 6064, 6065, 6066, 6067, 6068, 6069, 6070, 6071, 6072, 6073, 6074, 6075, 6076, 6077, 6078, 6079, 6080, 6081, 6082, 6083, 6084, 6085, 6086, 6087, 6088, 6089, 6090, 6091, 6092, 6093, 6094, 6095, 6096, 6097, 6098, 6099, 6100, 6101, 6102, 6103, 6104, 6105, 6106, 6107, 6108, 6109, 6110, 6111, 6112, 6113, 6114, 6115, 6116, 6117, 6118, 6119, 6120, 6121, 6122, 6123, 6124, 6125, 6126, 6127, 6128, 6129, 6130, 6131, 6132, 6133, 6134, 6135, 6136, 6137, 6138, 6139, 6140, 6141, 6142, 6143, 6144, 6145, 6146, 6147, 6148, 6149, 6150, 6151, 6152, 6153, 6154, 6155, 6156, 6157, 6158, 6159, 6160, 6161, 6162, 6163, 6164, 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7493, 7494, 7495, 7496, 7497, 7498, 7499, 7500, 7501, 7502, 7503, 7504, 7505, 7506, 7507, 7508, 7509, 7510, 7511, 7512, 7513, 7514, 7515, 7516, 7517, 7518, 7519, 7520, 7521, 7522, 7523, 7524, 7525, 7526, 7527, 7528, 7529, 7530, 7531, 7532, 7533, 7534, 7535, 7536, 7537, 7538, 7539, 7540, 7541, 7542, 7543, 7544, 7545, 7546, 7547, 7548, 7549, 7550, 7551, 7552, 7553, 7554, 7555, 7556, 7557, 7558, 7559, 7560, 7561, 7562, 7563, 7564, 7565, 7566, 7567, 7568, 7569, 7570, 7571, 7572, 7573, 7574, 7575, 7576, 7577, 7578, 7579, 7580, 7581, 7582, 7583, 7584, 7585, 7586, 7587, 7588, 7589, 7590, 7591, 7592, 7593, 7594, 7595, 7596, 7597, 7598, 7599, 7600, 7601, 7602, 7603, 7604, 7605, 7606, 7607, 7608, 7609, 7610, 7611, 7612, 7613, 7614, 7615, 7616, 7617, 7618, 7619, 7620, 7621, 7622, 7623, 7624, 7625, 7626, 7627, 7628, 7629, 7630, 7631, 7632, 7633, 7634, 7635, 7636, 7637, 7638, 7639, 7640, 7641, 7642, 7643, 7644, 7645, 7646, 7647, 7648, 7649, 7650, 7651, 7652, 7653, 7654, 7655, 7656, 7657, 7658, 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7825, 7826, 7827, 7828, 7829, 7830, 7831, 7832, 7833, 7834, 7835, 7836, 7837, 7838, 7839, 7840, 7841, 7842, 7843, 7844, 7845, 7846, 7847, 7848, 7849, 7850, 7851, 7852, 7853, 7854, 7855, 7856, 7857, 7858, 7859, 7860, 7861, 7862, 7863, 7864, 7865, 7866, 7867, 7868, 7869, 7870, 7871, 7872, 7873, 7874, 7875, 7876, 7877, 7878, 7879, 7880, 7881, 7882, 7883, 7884, 7885, 7886, 7887, 7888, 7889, 7890, 7891, 7892, 7893, 7894, 7895, 7896, 7897, 7898, 7899, 7900, 7901, 7902, 7903, 7904, 7905, 7906, 7907, 7908, 7909, 7910, 7911, 7912, 7913, 7914, 7915, 7916, 7917, 7918, 7919, 7920, 7921, 7922, 7923, 7924, 7925, 7926, 7927, 7928, 7929, 7930, 7931, 7932, 7933, 7934, 7935, 7936, 7937, 7938, 7939, 7940, 7941, 7942, 7943, 7944, 7945, 7946, 7947, 7948, 7949, 7950, 7951, 7952, 7953, 7954, 7955, 7956, 7957, 7958, 7959, 7960, 7961, 7962, 7963, 7964, 7965, 7966, 7967, 7968, 7969, 7970,		

Annual Supplemental Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Supplemental Housing Facility and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2579-0226
 Expires 6/30/2011

Part I: Summary		FFY 2010	FFY 2009
PHA Name	Grant Title and Number	Original Annual Statement (Pre-Revision)	Final Annual Statement (Revision)
Public Housing Operating Commission	Capital Fund Program Grant No. 6122F055501-00-0000 Supplemental Housing Facility Grant No. 2009-0000-0000	Final Performance and Evaluation Report	Final Performance and Evaluation Report
Type of Grant	Reserve for Interest/Late Penalties	Total Estimated Cost	Total Actual Cost
	Reservations by Development Account	Original	Revised
Line	Description	Obligated	Expended
01	01.1 Capitalization of Debt Service paid by the PHA	616,968	0
02	02.0 Capitalization of Debt Service paid via System of Direct Payment		
03	03.0 Contingency (not to exceed 5% of FFY 2010)		
04	04.0 Line 20 Revised is 0		
05	05.0 Line 20 Revised is 0		
06	06.0 Line 20 Revised is 0		
07	07.0 Line 20 Revised is 0		
08	08.0 Line 20 Revised is 0		
09	09.0 Line 20 Revised is 0		
10	10.0 Line 20 Revised is 0		
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98	98.0 Line 20 Revised is 0		
99	99.0 Line 20 Revised is 0		
100	100.0 Line 20 Revised is 0		

Signature of Executive Director: *[Signature]* Date: 07/13/2010

Signature of Public Housing Director: _____ Date: _____

To be completed for this Performance and Evaluation Report:
 1. To be completed by the Performance and Evaluation Report is a Revised Annual Statement.
 2. PHAs with initial 2010s in management may use OMB's FPI Grants for more info.
 3. RHF initial should include them.

Annual Site Performance and Evaluation Report
 Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Programs

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2579-0226
 Expires 4/30/2011

Part I: Summary PHA Name: _____ Radtke/Work Housing Committee: _____ Grant Type and Number: _____ Capital Fund Program Name: MFAP035001-7 Replacement Housing Grant No: _____ HUD File #: 2010		PHA of Geographic: _____ LPA of Grant Approval: _____ <input type="checkbox"/> Revised Annual Statistical Questionnaire <input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Original Annual Narrative <input type="checkbox"/> Request for Director's Waiver/Issues Performance and Evaluation Report for Project Funding: _____ Summary by Development Account: _____		Total Estimated Cost: _____ Original: _____ Revised: _____ Obligated: _____ Expended: _____	
Line	Summary	Original	Revised
1a	10% Collaboration of Debt Service Paid by the PHA		
1b	30% Collaboration of Debt Service Paid via System of Direct Payment		
1c	10% Contribution by County to Capital Fund (line 70)		
2	Amount of Annual Grant - System of Line 2 - 10%	481,443	
3	Amount of line 20 to be paid by LPA Activities		
4	Amount of line 20 to be paid by System of Line 2 - 10%		
5	Amount of line 20 to be paid by County - Sub Costs		
6	Amount of line 20 to be paid by County - Fixed Costs		
7	Amount of line 20 to be paid by County - Other		
8	Amount of line 20 to be paid by County - Other		
9	Amount of line 20 to be paid by County - Other		
10	Amount of line 20 to be paid by County - Other		
Signature of Executive Director: <i>[Signature]</i>		Signature of Public Housing Director: _____	
Date: <i>07/13/2010</i>		Date: _____	

To be complete for this performance and evaluation report, the PHA must complete the Performance and Evaluation Report with the PHA's annual report and the PHA's annual report. PHA's with funds 250,000 or more must complete the PHA's annual report. PHA's with funds 250,000 or less must complete the PHA's annual report.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number Battle Creek Housing Commission/ MI035		Locality (City/County & State) Battle Creek/Calhoun/Michigan			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2010_____	Work Statement for Year 2 FFY __2011_____	Work Statement for Year 3 FFY ____2012_____	Work Statement for Year 4 FFY ____2013_____	Work Statement for Year 5 FFY ____2014_____
B.	Physical Improvements Subtotal	Annual Statement	303,299	303,299	303,299	303,299
C.	Management Improvements		85,000	85,000	85,000	85,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		48,144	48,144	48,144	48,144
F.	Other		45,000	45,000	45,000	45,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		481,443	481,443	481,443	481,443

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2010____	Work Statement for Year ____2____ FFY ____2011____			Work Statement for Year: ____3____ FFY ____2012____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	HA Wide Management Improvements	A. Advertising	1,000	HA Wide Management Improvements	A. Advertising	1,000
Annual		B. PHDEP	84,000		B. PHDEP	84,000
Statement		Sub Total	85,000		Sub Total	85,000
	HA Wide Administration	Partial salary and benefits of staff involved with CFP activities	48,144	HA Wide Administration	Partial salary and benefits of staff involved with CFP activities	48,144
		Sub Total	48,144		Sub Total	48,144
	HA Wide Fees & Cost	A/E Services	45,000	HA Wide Fees & Cost	A/E Services	45,000
		Sub Total	45,000		Sub Total	45,000
	MI 35-2 Parkway Manor	A. Install perimeter fencing	89,000	MI 35-2 Parkway Manor	A. Replace maintenance vehicle	27,000
		Sub Total	89,000		B. Replace Appliances	55,000
					Sub Total	82,000
	MI 35-3 Cherry Hill Manor	A. Replace front entry	214,299	MI 35-3 Parkway Manor	A. Parking Lot	42,299
		Sub Total	214,299		B. Replace kitchen sinks	50,000
					C. Replace vent fans and blowers	30,000
					D. Renovate rec. room	12,000
					Sub Total	134,299
				MI 35-5 Kellogg Manor	A. Build computer lab	24,000
					B. Replace vent fans and blowers	20,000

Capital Fund Program—Five-Year Action Plan

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					C. Replace fence	25,000
					D. Replace garage doors	10,000
					E. Electricity to garages	8,000
					Sub Total	87,000
	Subtotal of Estimated Cost		\$	481,443	Subtotal of Estimated Cost	
					\$	481,443

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	HA Wide Management Improvements	A. Advertising	1,000	HA Wide Management Improvements	A. Advertising	1,000
Annual Statement		B. PHDEP	84,000		B. PHDEP	84,000
		Sub Total	85,000		Sub Total	85,000
	HA Wide Administration	Partial salary and benefits of staff involved with CFP activities	48,144	HA Wide Administration	Partial salary and benefits of staff involved with CFP activities	48,144
		Sub Total	48,144		Sub Total	48,144
	HA Wide Fees & Cost	A/E Services	45,000	HA Wide Fees & Cost	A/E Services	45,000
		Sub Total	45,000		Sub Total	45,000
	HA Wide Operations	Operations	19,299	MI 35-1 Northside Homes	A. Add insulation to attics	10,000
		Sub Total	19,299		B. Replace/upgrade interior lighting	21,000
					C. Upgrade smoke detector systems	5,000
	MI 35-1 Northside Homes	Replace appliances	11,000		D. Sealcoat driveways	2,000
		Sub Total	11,000		E. Siding cleaning/repair	4,000
					F. Lawn restoration/landscape improvements	2,000
	MI 35-2 Parkway Manor	A. Central mail kiosk	15,000		Sub Total	44,000
		B. Gas dryer hookups	25,000			
		C. Flooring	39,000			

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		D. Landscaping	7,000	MI 35-2 Parkway Manor	A. Foundation repair	14,000
		E. Patch & paint interiors	20,000		B. Vinyl siding repair and cleaning	11,000
		Sub Total	106,000		C. Seal and stripe parking lots	4,000
					D. Replace heads at exterior pole lights	8,000
	MI 35-3 Cherry Hill Manor	A. Building antenna	10,000		E. Insulate attics	40,000
		B. Entry phone/key system	20,000		F. Upgrade smoke detector systems in apts	10,000
		C. Bathrooms	45,000		Replace damaged courtyard concrete	3,000
		D. Landscaping	6,000		Sub Total	90,000
		E. Patch & paint interiors	20,000			
		Sub Total	101,000	MI 35-3 Cherry Hill Manor	A. Replace exterior doors	10,000
					B. Upgrade sprinkler system	5,000
	MI 35-5 Kellogg Manor	A. Building antenna	10,000		C. Upgrade int. lighting	20,000
		B. Entry phone/key system	20,000		D. Replace hot water boiler	30,000
		D. Repair salt shed	10,000		E. Replace fire alarm panel/smoke heads	4,000
		E. Landscaping	6,000		F. New chairs for comm. room	3,299
		F. Patch & paint interiors	20,000		G. Replace 1 st floor wall ac/heat units	5,000
		Sub Total	66,000		Sub Total	77,299
				MI 35-5 Kellogg Manor	A. Add benches/tables by gazebo area	3,000
					B. Upgrade sprinkler system	9,000
					C. Replace appliances	20,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$